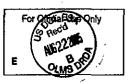
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 16070

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	7 / 1 / 2004   Through:   6   / 30 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Douglas R Blain	Name   Carpenters Local Union # 1159  Labor Organization File Number   036308			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 886 Burnt Run Road	Street 2709 Jackson Avenue			
City Crown City	City Point Pleasant			
State   Ohio   ZIP Code + 4   45623-9140	State   West Virginia   ZIP Code + 4   25550			
5. Position in labor organization. Trustee				
Enter appropriate data below if, during the past fiscal year, you or your sport (except as specified in the exclusion).	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	7.b. Amount.			
Street	r.b. ratour.			
City	\$0			
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the			
signed Darafax Blain	On 8/11/2005 304-675-4260			
Market Memil	Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Filing Douglas Bla	in		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).		9. Business deals with:				
Name 2		r : 1				
Trade Name, if any:	1	a. Labor Organization				
P.O. Box, Bidg., Room No., if any		b. Trust				
Street		c. Employer				
City						
State	ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such deali	ing.	. 1		
Name		·				
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any						
Street		11.b. Approximate dollar valu	ue of such dealing	\$0		
City		12.a. Nature of interest hel	<del></del>	· · · · · · · · · · · · · · · · · · ·		
State	ZIP Code + 4			.		
				4 		
· · · · · · · · · · · · · · · · · · ·		12.b. Amount.		\$0		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Lai (including trade name, if any).	bor Relations Consultant	14.a. Nature of payment.				
Name			·			
Trade Name, if any:	. (					
P.O. Box, Bldg., Room No., if any						
Street						
City						
State	ZIP Code + 4					
		14 h Amount of payment		. ,		

or Consultant

?

13.b. Is the Business an Employer

\$0